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OCT 24 2006

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12462 7500 07/25/2006

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10/25/2006 RHEB04M1 00000004 502762 10705672

01 FCs1501 100.00 US

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Fareesha Ali

(Depositor's name)

October 24, 2006

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10705.672	11/10/2003	William T. Clark	M0506-70330	4665

## TITLE OF INVENTION: DATA CABLE WITH CROSS-TWIST CABILED CORE PROFILE

Adjudgment date: 10/25/2006 RHEB04M1

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	\$1400	10/25/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAYO III, WILLIAM H	2831	174-11300R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

Change of correspondence address for Change of Correspondence Address Form PTO/SB 132) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB 47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

LOWRIE, LANDO & ANASTASI, LLP.

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.1. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BELDEN TECHNOLOGIES, INC.

ST. LOUIS, MISSOURI

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fees are submitted:

Issue Fee  
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4b. Payment of Fees: (Please first resupply any previously paid issue fee shown above)

A check is enclosed.  
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The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number 50/2762 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Ref. No. M0506-70330

Authorized Signature

Date October 24, 2006

Typed or printed name John N. Anastasi

Registration No. 37,765

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